June 24, 2016

Ms. Marlene H. Dortch, Secretary Federal Communications Commission 9300 East Hampton Drive, Capitol Heights, MD 20743

Re: Connect America Fund, WC Docket No. 14-58, 47 CFR § 54.313 Annual Reporting Requirements for High-Cost Recipients (Form 481)

Dear Ms. Dortch:

Attached please find Wilson Telephone Company, Inc.'s high-cost support recipient annual report pursuant to 47 CFR § 54.313 (Form 481).

Wilson Telephone Company, Inc. is filing certain financial information, reported pursuant to 47 CFR §54.313(f)(2), as confidential under the March 22, 2016 Protective Order (DA 16-296). Pursuant to that Order, each page of this filing has been marked "REDACTED - FOR PUBLIC INSPECTION." The non-redacted version of this information has been marked "CONFIDENTIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER BEFORE THE FEDERAL COMMUNICATIONS COMMISSION." As such, Wilson Telephone Company, Inc. requests that the non-redacted version of its submission be withheld from public inspection.

Wilson Telephone Company, Inc. is also requesting confidential treatment of certain information being filed pursuant to 47 CFR § 54.202(a)(1)(ii) and 54.313(a)(1) (five year service quality improvement plan) under 47 CFR § 0.457 and 0.459. The redacted version of this filing has been marked "REDACTED - FOR PUBLIC INSPECTION." The non-redacted version has been marked "CONFIDENTIAL - NOT FOR PUBLIC INSPECTION."

Pursuant to 47 CFR § 0.459, Wilson Telephone Company, Inc. offers the following in support of its request for confidential treatment of certain information.

- Identification of the specific information for which confidential treatment is sought: Wilson Telephone Company, Inc. seeks confidential treatment of the five year service quality improvement plan required per 47 CFR § 54.202(a)(1)(ii) and 54.313(a)(1),
- Identification of the Commission proceeding in which the information was submitted or a description of the circumstances giving rise to the submission: Wilson Telephone Company, Inc. is providing the five year service quality improvement plan as part of its annual high-cost support recipient report per 47 CFR § 54.313.
- Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged: Wilson Telephone Company, Inc. considers the information to be highly sensitive in that it contains statements about the Company's future investment plans, and discusses specific equipment and strategies the Company will utilize to provide services.

competition to a high degree.

- Explanation of the degree to which the information concerns a service that is subject to competition: Wilson Telephone Company, Inc. provides voice and broadband services that are in competition with various other providers; thus, the investment data disclosed is related to services subject to
- Identification of any measures taken by the submitting party to prevent unauthorized disclosure: Wilson Telephone Company, Inc. makes the data being provided available only to employees, consultants, and attorneys on a limited, need-to-know basis.
- Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties: The information is not publicly available.
- Justification of the period during which the submitting party asserts that material should not be available for public disclosure: Wilson Telephone Company, Inc. requests that the data provided be treated as confidential indefinitely. Due to the sensitive nature of the data, it would not be appropriate for public disclosure at any time in the foreseeable future.
- Any other information that the party seeking confidential treatment believes may be useful in assessing whether its request for confidential treatment should be granted: None.

Accordingly, Wilson Telephone Company, Inc. requests confidential treatment of the five year service quality improvement plan pursuant to section 0.457 and 0.459 of the Commission's rules.

The redacted version of this Form 481 submission will be filed via the Commission's Electronic Comment Filing System (ECFS) in the above-captioned docket.

If you have any questions about this filing, please contact the undersigned.

Sincerely,

Brian J. Boisvert CEO/General Manager

Wilson Telephone Company, Inc.

Attachment

| FCC For | REDACTED - FOR F<br>rm 481 - Carrier Annual Reporting<br>Data Collection Form   | PUBLIC INSPECTION  | FCC Form <b>481</b><br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---------|---|--------------------|---|
| <010>   | Study Area Code   | 411849             |   |
| <015>   | Study Area Name   | WILSON TEL CO INC  |   |
| <020>   | Program Year  | 2017               |   |
| <030>   | Contact Name: Person USAC should contact with questions about this data         | Devin Weis         |   |
| <035>   | Contact Telephone Number:<br>Number of the person identified in data line <030> | 7856582111 ext.    |   |
| <039>   | Contact Email Address:<br>Email of the person identified in data line <030>     | dweis@wilsoncom.us |   |
|         | Form Type   | 54.313 and 54.422  |   |
|         |   |                    |   |

| 7 .   | ervice Quality Improvement Reporting<br>ollection Form  |                    |                 | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------|---|--------------------|-----------------|--|
| <010> | Study Area Code   | 411849             |                 |  |
| <015> | Study Area Name   | WILSON TEL C       | CO INC          |  |
| <020> | Program Year  | 2017               |                 |  |
| <030> | Contact Name - Person USAC should contact regarding this data   | Devin Weis         |                 |  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>   | 7856582111 6       | ext.            |  |
| <039> | Contact Email Address - Email Address of person identified in data line <030>   | dweis@wilson       | ncom.us         |  |
| <110> | Has your company received its ETC certification from the FCC?   | (yes               | s/no) <b>O</b>  |  |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?   | lyo                | s/no) O O       |  |
| <112> | If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service. |                    | 411849KS112.pdf |  |
|       | Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.   | e-year             |                 | Name of Attached Document  |
| <113> | Maps detailing progress towards meeting plan targets  |                    | Yes             |  |
| <114> | Report how much universal service (USF) support was received  |                    | Yes             |  |
| <115> | How much (USF) was used to improve service quality and how support was used to impro  | ove service qualit | ty Yes          | 7  |
| <116> | How much (USF) was used to improve service coverage and how support was used to imp   | rove service cov   | /erage Yes      | 7  |
| <117> | How much (USF) was used to improve service capacity and how support was used to impr  | ove service capa   | acity Yes       | ╡  |
| <118> | Provide an explanation of network improvement targets not met in the prior calendar year.   |                    | Yes             |  |

| (200) Service Outage Reporting (Voice) | FCC Form 481  |
|--|---|
| Data Collection Form                   | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  | July 2013   |

| <010> | Study Area Code   | 411849             |
|-------|---|--------------------|
| <015> | Study Area Name   | WILSON TEL CO INC  |
| <020> | Program Year  | 2017               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Devin Weis         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7856582111 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dweis@wilsoncom.us |
| ~210× | For the prior colondar year were there any reportable value considers         | toraca No.         |

<210>

<220>

| > | For the prior               | calendar yea         | ir, were there       | any reportal       | ole voice serv     | ice outages?                    | No                           |  |   |   |                              |                            |
|---|-----------------------------|----------------------|----------------------|--------------------|--------------------|---------------------------------|------------------------------|--|---|---|------------------------------|----------------------------|
|   | <a></a>                     | <b1></b1>            | <b2></b2>            | <b3></b3>          | <b4></b4>          | <c1></c1>                       | <c2></c2>                    | <d></d>                                  | <e></e>   | <f></f>   | <g></g>                      | <h></h>                    |
|   | NORS<br>Reference<br>Number | Outage Start<br>Date | Outage Start<br>Time | Outage End<br>Date | Outage End<br>Time | Number of<br>Customers Affected | Total Number of<br>Customers | 911 Facilities<br>Affected<br>(Yes / No) | Service Outage<br>Description (Check<br>all that apply) | Did This Outage<br>Affect Multiple<br>Study Areas<br>(Yes / No) | Service Outage<br>Resolution | Preventative<br>Procedures |
|   |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|   |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|   |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|   |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|   |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|   | <del></del>                 |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|   |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|   |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|   |                             |                      |                      |                    | *                  |                                 |                              |  |   |   |                              |                            |
|   |                             | -                    |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|   |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|   |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|   |                             |                      |                      |                    | 77.1.7             |                                 |                              |  |   |   |                              |                            |
|   |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|   |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
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|   |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|   |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
|   |                             |                      |                      |                    |                    | L                               | - Marie Marie                |  | <u> </u>  |   |                              |                            |

|         | ruffilled Service Request<br>ection Form                                      |                           |   | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control N<br>July 2013 | lo. 3060-0819 |
|---------|---|---------------------------|---|--|---------------|
| <010>   | Study Area Code   | 411849                    |   |  |               |
| <015>   | Study Area Name   | WILSON TEL CO INC         |   |  |               |
| <020>   | Program Year  | 2017                      |   |  |               |
| <030>   | Contact Name - Person USAC should contact regarding this data                 | Devin Weis                |   |  |               |
| <035>   | Contact Telephone Number - Number of person identified in data line <030>     | 7856582111 ext.           |   |  |               |
| <039>   | Contact Email Address - Email Address of person identified in data line <030> | dweis@wilsoncom.us        |   |  |               |
| <300> U | nfulfilled service request (voice)  | 0                         |   |  |               |
| <310> [ | Detail on attempts (voice)  |                           |   |  |               |
| <320>   | Nan Unfulfilled service request (broadband)                                   | ne of Attached Document 0 | ] |  |               |
| <330>   | Detail on attempts (broadband)  | Name of Attached Document |   |  |               |

| (400) Number of Complaints per 1,000 customers | FCC Form 481  |
|--|---|
| Data Collection Form                           | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  | July 2013   |

| <010> | Study Area Code  | 411849  |                              |
|-------|--|---|------------------------------|
| <015> | Study Area Name  | WILSON TEL CO INC   |                              |
| <020> | Program Year   | 2017  |                              |
| <030> | Contact Name - Person USAC should conta  | ct regarding this data Devin                                    | Weis                         |
| <035> | Contact Telephone Number - Number of p<br><030>  |   | 7856582111 ext.              |
| <039> | Contact Email Address - Email Address of p<br><030>  | person identified in data line                                  | dweiswilsoncom.us            |
| <400> | Select from the drop-down list to indicate I voice complaints (zero or greater) for voice calendar year for each service area in which any facilities you own, operate, lease, or ot | telephony service in the prior<br>hyou are designated an ETC fo |                              |
| <410> | Complaints per 1000 customers for fixed ve   | oice  | 0.0                          |
| <420> | Complaints per 1000 customers for mobile   | voice   |                              |
| <430> | Select from the drop-down list to indicate I end-user customer complaints (zero or gre the prior calendar year for each service are an ETC for any facilities you own, operate,      | ater) for broadband service in<br>a in which you are designated | Offered only fixed broadband |
| <440> | Complaints per 1000 customers for fixed b  | roadband  | 0.0                          |
| <450> | Complaints per 1000 customers for mobile   | broadband   |                              |

|       | pliance With Service Quality Standards and Consumer Protection Rules<br>ection Form |                |                 | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------|---|----------------|-----------------|--|
| <010> | Study Area Code   | 411849         |                 |  |
| <015> | Study Area Name   | WILSON TEL CO  | INC             |  |
| <020> | Program Year  | 2017           |                 |  |
| <030> | Contact Name - Person USAC should contact regarding this data                       | Devin Weis     |                 |  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>           | 7856582111 ex  | t.              |  |
| <039> | Contact Email Address - Email Address of person identified in data line <030>       | dweis@wilsonce | om.us           |  |
| <500> | Certify compliance with applicable service quality standards and consumer pro       | tection rules  | Yes             |  |
| <510> | Descriptive document for Service Quality Standards & Consumer Protection Ru         | les Compliance | 411849KS510.pdf |  |

| (600) Functionality in Emergency Situations | FCC Form 481  |
|---|---|
| Data Collection Form                        | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|   | July 2013   |

| <010> | Study Area Code   | 411849             |
|-------|---|--------------------|
| <015> | Study Area Name   | WILSON TEL CO INC  |
| <020> | Program Year  | 2017               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Devin Weis         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7856582111 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dweis?wilsoncom.us |
| <600> | Certify compliance regarding ability to function in emergency situations      | Yes                |
| <610> | Descriptive document for Functionality in Emergency Situations                | 411849KS610.pdf    |
|       |   |                    |

| (700) P | rice Offerings including Voice Rate Data   | FCC Form 481                 |   |
|---------|--|------------------------------|---|
| Data Co | ollection Form   |                              | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|         |  |                              | July 2013   |
| <010>   | Study Area Code  | 411849                       |   |
| <015>   | Study Area Name  | WILSON TEL CO INC            |   |
| <020>   | Program Year   | 2017                         |   |
| <030>   | Contact Name - Person USAC should contact regarding this data  | Devin Weis                   |   |
| <035>   | Contact Telephone Number - Number of person identified in data l   | ne <030> 7856582111 ext.     |   |
| <039>   | Contact Email Address - Email Address of person identified in data   | ine <030> dweis@wilsoncom.us |   |
|         | Residential Local Service Charge Effective Date  1/1/2016 Single State-wide Residential Local Service Charge |                              |   |

| <a1></a1> | <a2></a2>       | <a3></a3>  | <b1></b1>                              | <b2></b2>                         | <b3></b3>                    | <b4></b4>                   | <b5></b5>                                 | < <i>c</i> >                |
|-----------|-----------------|------------|--|-----------------------------------|------------------------------|-----------------------------|---|-----------------------------|
| State     | Exchange (ILEC) | SAC (CETC) | Rate Type                              | Residential Local<br>Service Rate | State Subscriber Line Charge | State Universal Service Fee | Mandatory Extended Area<br>Service Charge | Total per line Rates and Fe |
|           |                 |            |  |                                   |                              |                             |   |                             |
|           |                 |            |  |                                   |                              |                             |   |                             |
|           |                 | -          |  |                                   |                              |                             |   |                             |
|           |                 |            |  |                                   |                              |                             |   |                             |
|           |                 |            |  |                                   |                              |                             |   |                             |
|           |                 |            |  |                                   |                              |                             |   |                             |
|           |                 |            |  | C                                 | <br>                         |                             |   |                             |
|           |                 |            |  | See a                             | tached worksheet             |                             |   |                             |
|           |                 |            |  |                                   |                              |                             |   |                             |
|           |                 |            |  |                                   |                              |                             |   |                             |
|           |                 |            |  |                                   |                              |                             |   |                             |
|           |                 |            | ······································ |                                   |                              |                             |   |                             |
|           |                 |            |  |                                   |                              |                             |   |                             |
|           |                 |            |  |                                   |                              |                             |   |                             |
|           |                 |            |  |                                   |                              |                             |   |                             |
|           |                 |            |  |                                   |                              |                             |   | <u> </u>                    |
|           |                 |            |  |                                   |                              |                             |   |                             |
|           |                 | Ll         |  | L                                 | L                            |                             |   |                             |

|       | oadbrand Price Offerings<br>lection Form                                  |                   | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------|---|-------------------|--|
| <010> | Study Area Code 4   | 11849             |  |
| <015> | Study Area Name   | WILSON TEL CO INC |  |
| <020> | Program Year  | 2017              |  |
| <030> | Contact Name - Person USAC should contact regarding this data             | Devin Weis        |  |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7856582111 ext.   |  |

<039> Contact Email Address - Email Address of person identified in data line <030> dweis@wilsoncom.us

| <711> | <a1></a1> | <a2></a2>       | <b1></b1>                               | <b2></b2>               | <b>⟨</b> ¢⟩         | <d1></d1>                                       | <d2></d2>                                  | <d3></d3>               | <d4></d4>   |
|-------|-----------|-----------------|---|-------------------------|---------------------|---|--|-------------------------|---|
|       | State     | Exchange (ILEC) | Residential Rate                        | State Regulated<br>Fees | Total Rate and Fees | Broadband Service -<br>Download Speed<br>(Mbps) | Broadband Service -<br>Upload Speed (Mbps) | Usage Allowance<br>(GB) | Usage Allowance<br>Action Taken When<br>Limit Reached ( <i>select</i> ) |
|       |           |                 |   |                         |                     |   |  |                         |   |
|       |           |                 |   |                         |                     |   |  |                         |   |
|       |           |                 |   |                         |                     |   |  |                         |   |
|       |           |                 |   |                         |                     |   |  |                         |   |
|       |           |                 |   |                         |                     |   |  |                         |   |
|       |           |                 |   | - See attac             | ned                 |   |  |                         |   |
|       |           | 4.494           | ,                                       | worksheet -             |                     |   |  |                         |   |
|       |           |                 |   |                         |                     |   |  |                         |   |
|       |           |                 |   |                         |                     |   |  |                         |   |
|       |           |                 |   |                         |                     |   |  |                         |   |
|       |           |                 | *************************************** |                         |                     |   |  | A                       |   |
| ŀ     |           |                 |   |                         |                     |   |  |                         |   |
|       |           |                 |   |                         |                     |   |  |                         |   |
|       |           |                 |   |                         |                     |   |  |                         |   |
| -     |           |                 |   |                         |                     |   |  | <u> </u>                |   |

| (800) Op | erating Companies       |  |   |              | FCC Form 481  |
|----------|-------------------------|--|---|--------------|---|
| Data Col | lection Form            |  |   |              | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|          |                         | Control of the Contro |   |              | July 2013   |
| .010     | 6. 1.4. 6.1             |  |   |              |   |
| <010>    | Study Area Code         |  | 411849                                  |              |   |
| <015>    | Study Area Name         |  | WILSON TEL CO                           | O_INC        |   |
| <020>    | Program Year            |  | 2017                                    |              |   |
| <030>    |                         | USAC should contact regarding this data  | Devin Weis<br>7856582111 e:             |              |   |
| <035>    |                         | nber - Number of person identified in data line <030>  |   |              |   |
| <039>    | Contact Email Address - | Email Address of person identified in data line <030>  | dweis@wilson                            | com.us       |   |
| <810>    | Reporting Carrier       | WILSON TELEPHONE COMPANY, INC.   |   |              |   |
| <811>    | Holding Company         | Grauer Management Inc.   |   |              |   |
| <812>    | Operating Company       | NA   |   |              |   |
|          |                         |  |   |              |   |
| <813>    |                         | <a1></a1>  |   | <a2></a2>    | <a3></a3>   |
|          |                         | Affiliates   |   | SAC          | Doing Business As Company or Brand Designation      |
|          |                         |  |   | 57.10        | Doing Dubiness As company of Diana Designation      |
|          |                         |  |   |              |   |
| •        |                         |  |   |              |   |
|          |                         |  |   |              |   |
|          |                         |  |   |              |   |
|          |                         |  | See att                                 | ached worksh | eet   |
|          |                         |  |   |              |   |
|          |                         | PERSONAL CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO   |   |              |   |
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|          |                         |  |   |              |   |
|          |                         |  |   |              |   |

| Approximation (Company) | bal Lands Reporting   |   | FCC Form 481   |
|-------------------------|---|---|--|
| Data Col                | lection Form  |   | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|                         |   |   |  |
| <010>                   | Study Area Code   | 411849                                  |  |
| <015>                   | Study Area Name   | WILSON TEL CO INC                       |  |
| <020>                   | Program Year  | 2017                                    |  |
| <030>                   | Contact Name - Person USAC should contact regarding this data                 | Devin Weis                              |  |
| <035>                   | Contact Telephone Number - Number of person identified in data line <030>     | 7856582111 ext.                         |  |
| <039>                   | Contact Email Address - Email Address of person identified in data line <030> | dweis@wilsoncom.us                      |  |
| <900>                   | Does the filing entity offer tribal land services? (Y/N)                      | No                                      |  |
| <910>                   | Tribal Land(s) on which ETC Serves  |   |  |
| <920>                   | Tribal Government Engagement Obligation                                       | Name of Attached                        | Document   |
| If your o               | ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes   |   |  |
|                         | rm the status described on the attached document(s), on line 920,             |   |  |
| demons                  | trates coordination with the Tribal government pursuant to                    | Select                                  |  |
|                         | 3(a)(9) includes:   | Yes or No or                            |  |
|                         |   | Not Applicable                          |  |
| <921>                   | Needs assessment and deployment planning with a focus on Tribal               | 2 100 100 100 100 100 100 100 100 100 1 |  |
|                         | community anchor institutions.  |   |  |
| <922>                   | Feasibility and sustainability planning;                                      |   |  |
| <923>                   | Marketing services in a culturally sensitive manner;                          |   |  |
| <924>                   | Compliance with Rights of way processes                                       |   |  |
| <925>                   | Compliance with Land Use permitting requirements                              |   |  |
| <926>                   | Compliance with Facilities Siting rules                                       |   |  |
| <927>                   | Compliance with Environmental Review processes                                |   |  |
| <928>                   | Compliance with Cultural Preservation review processes                        |   |  |
|                         |   |   |  |

|        | NLDACILI   | D - FOR        | R PUBLIC INSPECTION                                    |   | Page :           |
|--------|--|----------------|--|---|------------------|
|        | pice and Broadband Service Rate Comparability ection Form                    |                |  | FCC Form 481<br>OMB Control No. 3060-0986/OMB Contro<br>July 2013 | il No. 3060-0819 |
| <010>  | Study Area Code  |                | 411849   |   |                  |
| <015>  | Study Area Name  |                | WILSON TEL CO INC                                      |   |                  |
| <020>  | Program Year   |                | 2017   |   |                  |
| <030>  | Contact Name - Person USAC should contact regarding this data                |                | Devin Weis   |   |                  |
| <035>  | Contact Telephone Number - Number of person identified in data line          | <030>          | 7856582111 ext.  |   |                  |
| <039>  | Contact Email Address - Email Address of person identified in data line      | e <030>        | dweis@wilsoncom.us                                     |   |                  |
| <1000> | Voice services rate comparability certification                              | Yes            |  |   |                  |
| <1010> | Attach detailed description for voice services rate comparability compliance | 411849         | 0KS1010.pdf  |   |                  |
|        |  |                | Name of Attached Docume                                | nt  |                  |
| <1020> | Broadband comparability certification  | Yes -<br>the W | Pricing is no more than the Pricine Competition Bureau | ne most recent applicable benchma:                                | rk announced by  |

411849KS1030.pdf

Name of Attached Document

<1030>

Attach detailed description for broadband

comparability compliance

| 70,000,000,000 | o Terrestrial Backhaul Reporting<br>lection Form   | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|----------------|--|--|
| <010>          | Study Area Code  | 411849   |
| <015>          | Study Area Name  | WILSON TEL CO INC  |
| <020>          | Program Year   | 2017   |
| <030>          | Contact Name - Person USAC should contact regarding this data  | Devin Weis   |
| <035>          | Contact Telephone Number - Number of person identified in data line <030>  | 7856582111 ext.  |
| <039>          | Contact Email Address - Email Address of person identified in data line <030>  | dweis@wilsoncom.us   |
| <1100>         | Certify whether terrestrial backhaul options exist (Y/N)   | Yes  |
| <1130>         | Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 k upstream within the supported area pursuant to § 54.313(g). | bps  |

| (1200) Te        | erms and Condition for Lifeline Customers  |                        | FCC Form 481  |
|------------------|--|------------------------|---|
| Lifeline         |  |                        | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| <b>Data Coll</b> | ection Form  |                        | July 2013   |
|                  |  |                        |   |
| <010>            | Study Area Code  | 411849                 |   |
| <015>            | Study Area Name  | WILSON TEL CO INC      |   |
| <020>            | Program Year   | 2017                   |   |
| <030>            | Contact Name - Person USAC should contact regarding this data  | Devin Weis             |   |
| <035>            | Contact Telephone Number - Number of person identified in data line <03  | 30> 7856582111 ext.    |   |
| <039>            | Contact Email Address - Email Address of person identified in data line <0   | 30> dweis@wilsoncom.us |   |
|                  |  | 411849KS1210.pdf       |   |
|                  |  | 411049K51210.pur       |   |
| 4040             |  |                        |   |
| <1210>           | Terms & Conditions of Voice Telephony Lifeline Plans   |                        |   |
|                  |  |                        |   |
|                  |  |                        | Name of Attached Document                           |
|                  |  |                        |   |
| <1220>           | Link to Public Website   | •                      |   |
|                  |  |                        |   |
| <b>#</b> DI      |  |                        |   |
|                  | heck these boxes below to confirm that the attached document(s), on line 1210,   |                        |   |
|                  | bsite listed, on line 1220, contains the required information pursuant to  |                        |   |
|                  | (a)(2) annual reporting for ETCs receiving low-income support, carriers must   |                        |   |
| annually         | report:  |                        |   |
| <1221>           | Information describing the towns and an distance for the control of  | ¬                      |   |
| <1221>           | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,  | _!                     |   |
|                  | terepriority service plans offered to efferine subscribers,  |                        |   |
|                  |  | <b>¬</b>               |   |
| <1222>           | Details on the number of minutes provided as part of the plan,   | _                      |   |
|                  |  |                        |   |
| <1223>           | Additional charges for toll calls, and rates for each such plan.   | 7                      |   |
|                  | The state of the s | <b>∃</b>               |   |

| (2000) Price (  | Cap Carrier Additional Documentation  |                         |                               | FCC Form 481   |
|-----------------|---|-------------------------|-------------------------------|--|
|                 | e-of-Return Carriers offiliated with Price Cap Local Exchange Carriers  | A Section States in the |                               | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013   |
| meraamy nati    | 2 of Herain Garriers affinaced with thee day both Exemple Connects  |                         |                               | <u> </u>   |
|                 | 4771104 0040  | 1849                    |                               |  |
|                 |   | LSON TEL CO INC         |                               |  |
|                 | Brain real  | vin Weis                |                               |  |
|                 | reactive in a contractive and a contractive parameters  | 56582111 ext.           |                               | - Marie - Mari |
|                 |   | eis@wilsoncom.us        |                               |  |
|                 | appropriate responses below (Yes, No, Not Applicable) to note coect America Phase II support as set forth in 47 CFR § 54.313(b),(c) |                         |                               |  |
| ind             | cremental Connect America Phase I reporting   |                         |                               | 1  |
| <2010>          | 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that   | at for the July 1       |                               | <b>-</b>   |
|                 | 2016 certification, this applies to Round 2 recipients of I   | •                       |                               |  |
|                 | Support   | rerementar              |                               |  |
| -20115          |   | -                       |                               |  |
| <2011>          | 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note the   | •                       | <u> </u>                      | <u>-</u>   |
|                 | 2016 certification, this applies to Round 1 recipients of I   | ncremental              |                               |  |
|                 | Support   |                         |                               |  |
| <2022>          | Recipient certifies, representing year two after filing a n   | otice of                |                               |  |
|                 | acceptance of funding pursuant to 54.312(c), that the lo  |                         | L                             |  |
|                 | question are not receiving support under the Broadband  |                         |                               |  |
|                 |   |                         |                               |  |
|                 | Program or the Broadband Technology Opportunities Pr  |                         |                               |  |
|                 | projects that will provide broadband with speeds of at le   | east 4                  |                               |  |
|                 | Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.  |                         |                               |  |
| <2023>          | The attachment on line 2024 includes a statement of the   | e total amount of       |                               |  |
|                 | capital funding expended in the previous year in meetin   | g Connect               |                               |  |
|                 | America Phase I deployment obligations, accompanied to  | _                       |                               |  |
|                 | · · · · · · · · · · · · · · · · · · ·   | •                       |                               |  |
|                 | blocks indicating where funding was spent. This covers  | year two -              |                               | ]  |
|                 | 54.313(b)(2)(ii). Round 2 recipients only.  |                         |                               |  |
| <2024A>         | Round 2 Recipient of Incremental Support?   |                         |                               |  |
|                 |   |                         |                               |  |
| <2024B>         | Attach list of census blocks indicating where funding wa  | s spont in woor         | Name of Attached Decument Li  | ating  |
| <b>\2024b</b> > |   | s spent in year         | Name of Attached Document Lis | sung   |
|                 | two - 54.313(b)(2)(ii). Round 2 recipients only.  |                         | Required Information          |  |
| <2025A>         | Round 1 or Round 2 Recipient of Incremental Support?  |                         |                               | 1  |
|                 |   |                         |                               |  |
| <2025B>         | Attach geocoded Information for Phase I milestone repo  | orts (Round 1 for       | Name of Attached Document Lis | sting  |
| ~202307         | ·   | *                       |                               | oung   |
|                 | year three and Round 2 for year two) - Connect America  | runa, WC                | Required Information          |  |
|                 | Docket 10-90, Report and Order, FCC 13-   |                         |                               |  |
|                 |   |                         |                               |  |
| <2015>          | 2016 and future Frozen Support Certification 47 CFR § 5   | 4.313(c)(4)             |                               |  |

| ata Collection For | rrier Additional Documentation (Continued)<br>m<br>sturn Carriers affiliated with Price Cap Local Exchange Carriers  | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|--------------------|--|--|
| <2016>             | Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband : America Phase II Reporting {47 CFR § 54.313(e)}   |  |
| <2017A>            | Connect America Fund Phase II recipient?   |  |
| <2017B>            | Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price  | Name of Attached Document Listing Required Information                           |
| <2018>             | cap carrier used for capital expenditures in 2015. Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)   | Name of Attached Document Listing Required Information                           |
| <2019>             | Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v) |  |
| <2020>             | Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)  |  |
| <2021>             | Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)  |  |
| <2026>             | Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)  |  |
| <2027>             | Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)   |  |

|   | REDA  | CTED - FOR P   | JBLIC INSPECTION   |   | Page 17 |
|---|---|--|--|---|---------|
| (3005) Rate<br>Data Collect                             | Of Return Carrier Additional Documentation<br>ion Form  |  |  | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013                    |         |
| <010>   | Study Area Code   |  | 411849   |   |         |
| <015>   | Study Area Name   |  | WILSON TEL CO I  | NC  |         |
| <020>   | Program Year  |  | 2017   |   |         |
| <030>   | Contact Name - Person USAC should contact regarding the   | his data   | Devin Weis   |   |         |
| <035>   | Contact Telephone Number - Number of person identifie   | ed in data line <030>  | 7856582111 ext.  |   |         |
|   |   |  |  |   |         |
| <039>   | Contact Email Address - Email Address of person identific   |  | dweis@wilsoncom  | .us   | E25.    |
| Complete  | ·   | ar service quality pl  | an (pursuant to 47 CFR § 54.2  | .02(a)) and, for privately held carriers, ensurin   | -       |
| Complete  | the items below to note compliance with five years with the financial reporting requirements set for  | ar service quality pl  | an (pursuant to 47 CFR § 54.2  | .02(a)) and, for privately held carriers, ensurin   | -       |
| Complete compliant the docur                            | the items below to note compliance with five year with the financial reporting requirements set for nents attached below is accurate.  Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)  | ar service quality pl  | an (pursuant to 47 CFR § 54.2  | .02(a)) and, for privately held carriers, ensurir<br>t the information reported on this form and in | -       |
| Complete<br>compliand<br>the docur<br>(3009)<br>(3010A) | the items below to note compliance with five yeste with the financial reporting requirements set for nents attached below is accurate.  Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)  Milestone Certification (47 CFR § 54.313(f)(1)(i)) | ar service quality pl<br>orth in 47 CFR § 54.                                  | lan (pursuant to 47 CFR § 54.2<br>313(f)(2). I further certify tha<br>Yes - Attach Certifica | .02(a)) and, for privately held carriers, ensurir<br>t the information reported on this form and in | -       |
| Complete compliant the docur                            | the items below to note compliance with five year with the financial reporting requirements set for nents attached below is accurate.  Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)  | ar service quality pl<br>orth in 47 CFR § 54.                                  | lan (pursuant to 47 CFR § 54.2<br>313(f)(2). I further certify tha                           | .02(a)) and, for privately held carriers, ensurin<br>t the information reported on this form and in | -       |
| Complete<br>compliand<br>the docur<br>(3009)<br>(3010A) | the items below to note compliance with five yeste with the financial reporting requirements set for nents attached below is accurate.  Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)  Milestone Certification (47 CFR § 54.313(f)(1)(i)) | ar service quality pl<br>orth in 47 CFR § 54.<br>Name of Attach<br>Information | lan (pursuant to 47 CFR § 54.2<br>313(f)(2). I further certify tha<br>Yes - Attach Certifica | .02(a)) and, for privately held carriers, ensurin<br>t the information reported on this form and in | -       |

| (3005) Ra      | te Of Return Carrier Additional Documentation (Continued) |                             | FCC Form 481  |
|----------------|---|-----------------------------|---|
| Data Coli      | ection Form   |                             | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                |   |                             | July 2013   |
|                |   |                             |   |
|                |   |                             |   |
| <010>          | Study Area Code   | 411849                      |   |
| <010><br><015> | Study Area Code<br>Study Area Name                        | 411849<br>WILSON TEL CO INC |   |
| -              |   |                             |   |
| <015>          | Study Area Name   | WILSON TEL CO INC           |   |

dweis@wilsoncom.us

<035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030>

| (4005) Rural Broadband Experiment Additional Documentation | FCC Form 481  |
|--|---|
| Data Collection Form                                       | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| Data Conceptor ( Drin                                      |   |
|  | July 2013   |

| <010> | Study Area Code  | 411849                       |
|-------|--|------------------------------|
| <015> | Study Area Name  | WILSON TEL CO INC            |
| <020> | Program Year   | 2017                         |
| <030> | Contact Name - Person USAC should contact regarding this data        | Devin Weis                   |
| <035> | Contact Telephone Number - Number of person identified in data li    | ne <030> 7856582111 ext.     |
| <039> | Contact Email Address - Email Address of person identified in data I | ine <030> dweiszwilsoncom.us |

#### 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

#### Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

## Community Anchor Institutions – FCC 14-98 (paragraph 79)

speed and data usage allowances available in the

relevant geographic area.

**4003a**. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

| If yes to 4003A, please provide a response for 4003B.  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| 4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to | Name of Attached Document Listing Required Information         |  |  |  |  |  |
| broadband service in the preceding calendar year.  |  |  |  |  |  |  |
| Broadband Deployment Locations – FCC 14-98 (par  | agraph 80)   |  |  |  |  |  |
| 4004a. Attach a list of geocoded locations to which broadband has been deployed as of the  |  |  |  |  |  |  |
| June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.  | Name of Attached Document Listing Required Information         |  |  |  |  |  |
| 4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service   |  |  |  |  |  |  |
| obligations for the identified locations. Materials  | Name of Attack of Decision in the linking Decision of Language |  |  |  |  |  |
| must at least detail the pricing, offered broadband  | Name of Attached Document Listing Required Information         |  |  |  |  |  |

| 100000000000000000000000000000000000000 | ion - Reporting Carrier<br>ection Form  | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No.<br>July 2013 |    |  |
|---|---|--|----|--|
| <010>                                   | Study Area Code   | 411849   | ,  |  |
| <015>                                   | Study Area Name   | WILSON TEL CO INC  | ·* |  |
| <020>                                   | Program Year  | 2017   |    |  |
| <030>                                   | Contact Name - Person USAC should contact regarding this data                 | Devin Weis   |    |  |
| <035>                                   | Contact Telephone Number - Number of person identified in data line <030>     | 7856582111 ext.  |    |  |
| <039>                                   | Contact Email Address - Email Address of person identified in data line <030> | dweis@wilsoncom.us   |    |  |

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| Certification of Officer as to the Accura  | acy of the Data Reported for the Annual Reporting   | g for CAF or LI Recipients                     |  |  |  |
|--|---|--|--|--|--|
| certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support ecipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. |   |  |  |  |  |
| Name of Reporting Carrier: WILSON TEL CO INC   |   |  |  |  |  |
| Signature of Authorized Officer: CERTIFIED ONLINE  |   | Date 06/24/2016                                |  |  |  |
| Printed name of Authorized Officer: Brian Boisvert   |   |  |  |  |  |
| Title or position of Authorized Officer: CEO/GM  |   |  |  |  |  |
| Telephone number of Authorized Officer: 7856582111 ext.  |   |  |  |  |  |
| Study Area Code of Reporting Carrier: 411849   | Filing Due Date for this form: 07/01/2016   | ·  |  |  |  |
| Persons willfully making false statements on this form can be punished under Tit   | by fine or forfeiture under the Communications Act of 1934, 47 le 18 of the United States Code, 18 U.S.C. § 1001. | U.S.C. §§ 502, 503(b), or fine or imprisonment |  |  |  |

| A CONTRACTOR CONTRACTOR OF A | ion - Agent / Carrier<br>ection Form  |                    | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |  |
|------------------------------|---|--------------------|--|--|
| <010>                        | Study Area Code   | 411849             |  |  |
| <015>                        | Study Area Name   | WILSON TEL CO INC  |  |  |
| <020>                        | Program Year  | 2017               |  |  |
| <030>                        | Contact Name - Person USAC should contact regarding this data                 | Devin Weis         | _  |  |
| <035>                        | Contact Telephone Number - Number of person identified in data line <030>     | 7856582111 ext.    |  |  |
| <039>                        | Contact Email Address - Email Address of person identified in data line <030> | dweis@wilsoncom.us |  |  |

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier   |   |   |  |  |  |
|---|---|---|--|--|--|
| t certify that (Name of Agent) is authorized to submit the information reported on behalf of the reportin<br>also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the augent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |   |   |  |  |  |
| Name of Authorized Agent:   |   |   |  |  |  |
| Name of Reporting Carrier:  |   |   |  |  |  |
| Signature of Authorized Officer:  |   | Date:   |  |  |  |
| Printed name of Authorized Officer:   |   | -   |  |  |  |
| Title or position of Authorized Officer:  |   |   |  |  |  |
| Telephone number of Authorized Officer:   |   |   |  |  |  |
| Study Area Code of Reporting Carrier:   | Filing Due Date for this form:  |   |  |  |  |
|   | unished by fine or forfeiture under the Communications Act of 1934, 4<br>nder Title 18 of the United States Code, 18 U.S.C. § 1001. | 47 U.S.C. §§ 502, 503(b), or fine or imprisonment |  |  |  |

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| , as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. |  |  |  |  |  |  |
| Name of Reporting Carrier:  |  |  |  |  |  |  |
| Name of Authorized Agent Firm:  |  |  |  |  |  |  |
| Signature of Authorized Agent or Employee of Agent:   | Date:  |  |  |  |  |  |
| Name of Authorized Agent Employee:  |  |  |  |  |  |  |
| Title or position of Authorized Agent or Employee of Agen   |  |  |  |  |  |  |
| Telephone number of Authorized Agent or Employee of A   |  |  |  |  |  |  |
| Study Area Code of Reporting Carrier:   | Filing Due Date for this form:   |  |  |  |  |  |
| Persons willfully making false statements on this for   | n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title<br>18 of the United States Code, 18 U.S.C. § 1001. |  |  |  |  |  |

Attachments

|                | ice Offerings including Voice Rate Data<br>lection Form   |                        | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|----------------|---|------------------------|--|
| <010>          | Study Area Code   | 411849                 |  |
| <015>          | Study Area Name   | WILSON TEL CO INC      |  |
| <020>          | Program Year  | 2017                   |  |
| <030>          | Contact Name - Person USAC should contact regarding this data   | Devin Weis             |  |
| <035>          | Contact Telephone Number - Number of person identified in data line <0                                    | 30> 7856582111 ext.    |  |
| <039>          | Contact Email Address - Email Address of person identified in data line <0                                | 30> dweis@wilsoncom.us |  |
| <701><br><702> | Residential Local Service Charge Effective Date  1/1/2 Single State-wide Residential Local Service Charge | 2016                   |  |

<703>

| <a1></a1> | <a2></a2>       | <a3></a3>  | <b1></b1> | <b2></b2>         | <b3></b3>                    | <b4></b4>                   | <b5></b5>               | <c> '</c>                     |
|-----------|-----------------|------------|-----------|-------------------|------------------------------|-----------------------------|-------------------------|-------------------------------|
|           |                 |            |           | Residential Local |                              |                             | Mandatory Extended Area |                               |
| State     | Exchange (ILEC) | SAC (CETC) | Rate Type | Service Rate      | State Subscriber Line Charge | State Universal Service Fee | Service Charge          | Total per line Rates and Fees |
| KS        | BROOKVILLE      |            | FR        | 17.0              | 0.0                          | 1.56                        | 0.0                     | 18.56                         |
| KS        | DENMARK         |            | FR        | 17.0              | 0.0                          | 1.56                        | 0.0                     | 18.56                         |
| KS        | HUNTER          |            | FR        | 17.0              | 0.0                          | 1.56                        | 0.0                     | 18.56                         |
| KS        | LUCAS           |            | FR        | 17.0              | 0.0                          | 1.56                        | 0.0                     | 18.56                         |
| KS        | SYLVAN GROVE    |            | FR        | 17.0              | 0.0                          | 1.56                        | 0.0                     | 18.56                         |
| KS        | TIPTON          |            | FR        | 17.0              | 0.0                          | 1.56                        | 0.0                     | 18.56                         |
| KS        | WILSON          |            | FR        | 17.0              | 0.0                          | 1.56                        | 0.0                     | 18.56                         |
|           | (4)             |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |

## (710) Broadband Price Offerings Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| <010> | Study Area Code   | 411849             |
|-------|---|--------------------|
| <015> | Study Area Name   | WILSON TEL CO INC  |
| <020> | Program Year  | 2017               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Devin Weis         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7856582111 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dweis@wilsoncom.us |

<711>

|         | 1               |             |                 |             | <d2></d2>           | <d3></d3>            |                 | <d4></d4>                   |
|---------|-----------------|-------------|-----------------|-------------|---------------------|----------------------|-----------------|-----------------------------|
|         | Suchana (USC)   | Residential | State Regulated | Total Rates | Broadband Service - | Broadband Service    | Usage Allowance | Usage Allowance             |
| State E | Exchange (ILEC) | Rate        | Fees            | and Fees    | Download Speed      | -Upload Speed (Mbps) | (GB)            | Action Taken                |
|         | WII CON         |             |                 |             | (Mbps)              |                      |                 | When Limit Reached (select) |
| K5      | WILSON          | 60.7        | 0.0             | 60.7        | 5.0                 | 1.0                  | 999999.0        | Other, NONE                 |
| KS      | WILSON          | 77.7        | 0.0             | 77.7        | 10.0                | 2.0                  | 999999.0        | Other, NONE                 |
| KS W    | WILSON          | 94.7        | 0.0             | 94.7        | 15.0                | 3.0                  | 999999.0        | Other, NONE                 |
| KS W    | WILSON          | 109.7       | 0.0             | 109.7       | 25.0                | 4.0                  | 999999.0        | Other, NONE                 |
| KS W    | WILSON          | 134.7       | 0.0             | 134.7       | 50.0                | 5.0                  | 999999.0        | Other, NONE                 |
| KS T    | TIPTON          | 60.7        | 0.0             | 60.7        | 5.0                 | 1.0                  | 999999.0        | Other, NONE                 |
| KS T    | TIPTON          | 77.7        | 0.0             | 77.7        | 10.0                | 2.0                  | 999999.0        | Other, NONE                 |
| KS T    | TIPTON          | 94.7        | 0.0             | 94.7        | 15.0                | 3.0                  | 999999.0        | Other, NONE                 |
| KS T    | TIPTON          | 109.7       | 0.0             | 109.7       | 25.0                | 4.0                  | 999999.0        | Other, NONE                 |
| KS T    | TIPTON          | 134.7       | 0.0             | 134.7       | 50.0                | 5.0                  | 999999.0        | Other, NONE                 |
| KS L    | LUCAS           | 60.7        | 0.0             | 60.7        | 5.0                 | 1.0                  | 999999.0        | Other, NONE                 |
| KS L    | LUCAS           | 77.7        | 0.0             | 77.7        | 10.0                | 2.0                  | 999999.0        | Other, NONE                 |
| KS L    | LUCAS           | 94.7        | 0.0             | 94.7        | 15.0                | 3.0                  | 999999.0        | Other, NONE                 |
| KS L    | LUCAS           | 109.7       | 0.0             | 109.7       | 25.0                | 4.0                  | 999999.0        | Other, NONE                 |
| KS L    | LUCAS           | 134.7       | 0.0             | 134.7       | 50.0                | 5.0                  | 999999.0        | Other, NONE                 |
| ks B    | BROOKVILLE      | 60.7        | 0.0             | 60.7        | 5.0                 | 1.0                  | 999999.0        | Other, NONE                 |
| KS B    | BROOKVILLE      | 77.7        | 0.0             | 77.7        | 10.0                | 2.0                  | 999999.0        | Other, NONE                 |
| KS B    | BROOKVILLE      | 94.7        | 0.0             | 94.7        | 15.0                | 3.0                  | 999999.0        | Other, NONE                 |
| KS B    | BROOKVILLE      | 109.7       | 0.0             | 109.7       | 25.0                | 4.0                  | 999999.0        | Other, NONE                 |
| KS B    | BROOKVILLE      | 134.7       | 0.0             | 134.7       | 50.0                | 5.0                  | 999999.0        | Other, NONE                 |
| ks s    | SYLVAN GROVE    | 60.7        | 0.0             | 60.7        | 5.0                 | 1.0                  | 999999.0        | Other, NONE                 |

# (710) Broadband Price Offerings Data Collection Form FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

| <010> | Study Area Code   | 411849             |
|-------|---|--------------------|
| <015> | Study Area Name   | WILSON TEL CO INC  |
| <020> | Program Year  | 2017               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Devin Weis         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7856582111 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dweis@wilsoncom.us |

| State | Exchange (ILEC) | Residential<br>Rate | State Regulated<br>Fees | T-4-10-4- |      | Broadband Service<br>-Upload Speed (Mbps) | Usage Allowance<br>(GB) | Usage Allowance<br>Action Taken<br>When Limit Reached (select) |
|-------|-----------------|---------------------|-------------------------|-----------|------|---|-------------------------|--|
| KS    | SYLVAN GROVE    | 77.7                | 0.0                     | 77.7      | 10.0 | 2.0                                       | 999999.0                | Other, NONE  |
| KS    | SYLVAN GROVE    | 94.7                | 0.0                     | 94.7      | 15.0 | 3.0                                       | 999999.0                | Other, NONE  |
| KS    | SYLVAN GROVE    | 109.7               | 0.0                     | 109.7     | 25.0 | 4.0                                       | 999999.0                | Other, NONE  |
| KS    | SYLVAN GROVE    | 134.7               | 0.0                     | 134.7     | 50.0 | 5.0                                       | 999999.0                | Other, NONE  |
| KS    | WILSON          | 41.75               | 0.0                     | 41.75     | 5.0  | 1.0                                       | 999999.0                | Other, NONE  |
| KS    | WILSON          | 53.75               | 0.0                     | 53.75     | 10.0 | 2.0                                       | 999999.0                | Other, NONE  |
| KS    | WILSON          | 63.75               | 0.0                     | 63.75     | 15.0 | 3.0                                       | 999999.0                | Other, NONE  |
| KS    | WILSON          | 83.75               | 0.0                     | 83.75     | 25.0 | 4.0                                       | 999999.0                | Other, NONE  |
| KS    | WILSON          | 123.75              | 0.0                     | 123.75    | 50.0 | 5.0                                       | 999999.0                | Other, NONE  |
| KS    | TIPTON          | 41.75               | 0.0                     | 41.75     | 5.0  | 1.0                                       | 999999.0                | Other, NONE  |
| KS    | TIPTON          | 53.75               | 0.0                     | 53.75     | 10.0 | 2.0                                       | 999999.0                | Other, NONE  |
| KS    | TIPTON          | 63.75               | 0.0                     | 63.75     | 15.0 | 3.0                                       | 999999.0                | Other, NONE  |
| KS    | TIPTON          | 83.75               | 0.0                     | 83.75     | 25.0 | 4.0                                       | 999999.0                | Other, NONE  |
| KS    | TIPTON          | 123.75              | 0.0                     | 123.75    | 50.0 | 5.0                                       | 999999.0                | Other, NONE  |
| KS    | LUCAS           | 41.75               | 0.0                     | 41.75     | 5.0  | 1.0                                       | 999999.0                | Other, NONE  |
| KS    | LUCAS           | 53.75               | 0.0                     | 53.75     | 10.0 | 2.0                                       | 999999.0                | Other, NONE  |
| KS    | LUCAS           | 63.75               | 0.0                     | 63.75     | 15.0 | 3.0                                       | 999999.0                | Other, NONE  |
| KS    | LUCAS           | 83.75               | 0.0                     | 83.75     | 25.0 | 4.0                                       | 999999.0                | Other, NONE  |
| KS    | LUCAS           | 123.75              | 0.0                     | 123.75    | 50.0 | 5.0                                       | 999999.0                | Other, NONE  |
| KS    | BROOKVILLE      | 41.75               | 0.0                     | 41.75     | 5.0  | 1.0                                       | 999999.0                | Other, NONE  |
| KS    | BROOKVILLE      | 53.75               | 0.0                     | 53.75     | 10.0 | 2.0                                       | 999999.0                | Other, NONE  |

| (710) Broadband Price Offerings | FCC Form 481   |
|---------------------------------|--|
| Data Collection Form            | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |

| <010> | Study Area Code   | 411849             |
|-------|---|--------------------|
| <015> | Study Area Name   | WILSON TEL CO INC  |
| <020> | Program Year  | 2017               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Devin Weis         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7856582111 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dweis@wilsoncom.us |

| .1> <a1></a1> | <a2></a2>       | <b1></b1>           | <b2></b2>               | <c> <d1></d1></c>       | <d2></d2> | · <d3></d3>                               |                         | <d4></d4>  |
|---------------|-----------------|---------------------|-------------------------|-------------------------|-----------|---|-------------------------|--|
| State         | Exchange (ILEC) | Residential<br>Rate | State Regulated<br>Fees | Total Rates<br>and Fees |           | Broadband Service<br>-Upload Speed (Mbps) | Usage Allowance<br>(GB) | Usage Allowance<br>Action Taken<br>When Limit Reached (select) |
| KS            | BROOKVILLE      | 63.75               | 0.0                     | 63.75                   | 15.0      | 3.0                                       | 999999.0                | Other, NONE  |
| KS            | BROOKVILLE      | 83.75               | 0.0                     | 83.75                   | 25.0      | 4.0                                       | 999999.0                | Other, NONE  |
| KS            | BROOKVILLE      | 123.75              | 0.0                     | 123.75                  | 50.0      | 5.0                                       | 999999.0                | Other, NONE  |
| KS            | SYLVAN GROVE    | 41.75               | 0.0                     | 41.75                   | 5.0       | 1.0                                       | 999999.0                | Other, NONE  |
| KS            | SYLVAN GROVE    | 53.75               | 0.0                     | 53.75                   | 10.0      | 2.0                                       | 999999.0                | Other, NONE  |
| KS            | SYLVAN GROVE    | 63.75               | 0.0                     | 63.75                   | 15.0      | 3.0                                       | 999999.0                | Other, NONE  |
| KS            | SYLVAN GROVE    | 83.75               | 0.0                     | 83.75                   | 25.0      | 4.0                                       | 999999.0                | Other, NONE  |
| KS            | SYLVAN GROVE    | 123.75              | 0.0                     | 123.75                  | 50.0      | 5.0                                       | 999999.0                | Other, NONE  |
|               |                 |                     |                         |                         |           |   |                         |  |
|               |                 |                     |                         |                         |           |   |                         |  |
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|               |                 |                     |                         |                         |           |   |                         |  |

| (800) Op  | erating Companies       |   |                    | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |  |  |
|-----------|-------------------------|---|--------------------|--|--|--|
| Data Coll | lection Form            |   |                    |  |  |  |
| <010>     | Study Area Code         |   | 411849             |  |  |  |
| <015>     | Study Area Name         |   | WILSON TEL CO INC  |  |  |  |
| <020>     | Program Year            |   | 2017               |  |  |  |
| <030>     | Contact Name - Person U | JSAC should contact regarding this data               | Devin Weis         |  |  |  |
| <035>     | Contact Telephone Num   | ber - Number of person identified in data line <030>  | 7856582111 ext.    |  |  |  |
| <039>     | Contact Email Address - | Email Address of person identified in data line <030> | dweis@wilsoncom.us |  |  |  |
| <810>     | Reporting Carrier       | WILSON TELEPHONE COMPANY, INC.                        |                    |  |  |  |
| <811>     | Holding Company         | Grauer Management Inc.                                |                    |  |  |  |
| <812>     | Operating Company       | NA  |                    |  |  |  |

| 3>                                    | <a2></a2> | <a3></a3>                                      |
|---------------------------------------|-----------|--|
| Affiliates                            | SAC       | Doing Business As Company or Brand Designation |
| WILSON COMMUNICATION COMPANY, INC.    |           | WILSON COMMUNICATIONS                          |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
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## Wilson Telephone Company (SAC 411849)

Statement Regarding Compliance with Service Quality Standards and Consumer Protection Rules 47 CFR § 54.313(a)(5) Form 481, Line 510

Wilson Telephone Company, Inc. (Wilson) is an incumbent local exchange carrier operating in the state of Kansas, and is an eligible telecommunications carrier (ETC) designated by the Kansas Corporation Commission (KCC). As such, Wilson is subject to the regulatory authority of the KCC and operates under the relevant rules and laws of the state of Kansas.

Wilson is subject to the service quality standards and consumer protection standards adopted by the KCC and that are applicable to ILECs in the state of Kansas. These standards are contained in Orders adopted by the KCC in Docket No. 95-GIMT-047-GIT (specifically the KCC Order dated May 23, 2008) and Docket No. 06-GIMT-187-GIT. The consumer protection standards are also contained in Wilson's local tariff that is on file with the KCC.

Apart from effective internal procedures and operations, Wilson ensures compliance with all applicable service quality and consumer protection rules through KCC enforcement, which entails the operation of an effective customer complaint process. Wilson is required to respond to customer complaints and other service quality-related inquiries from the KCC in a reasonable time frame. Wilson consistently meets or exceeds all KCC-adopted standards, and reports to this effect via all required KCC processes.

Finally, Wilson has established internal procedures to ensure compliance with the Federal Communications Commission's Customer Proprietary Network Information (CPNI) rules that include, but are not limited to, periodic employee training and maintenance of written company CPNI procedures. Wilson certifies its compliance with the Commission's CPNI rules by making annual filings as required in 47 CFR § 64.2009(e).

Wilson Telephone Company, Inc. (SAC 411849)

Statement Regarding Ability to Remain Functional in Emergency Situations 47 CFR § 54.313(a)(6) & § 54.202(a)(2) Form 481, Line 610

Wilson Telephone Company, Inc. (Wilson) is an incumbent local exchange carrier operating in the state of Kansas, and is an eligible telecommunications carrier (ETC) designated by the Kansas Corporation Commission (KCC). As such, Wilson is subject to the regulatory authority of the KCC and operates under the relevant rules and laws of the state of Kansas.

Wilson has both battery and onsite generators in case of outside power failure. These facilities are sized to handle the load present at each of its offices. A fiber ring provides alternative routing in case of facility damage. The ring capacity is able to handle spikes in traffic load.

Wilson Telephone Company, Inc. (SAC 411849) Statement Regarding Voice Rate Comparability 47 C.F.R. § 54.313(a)(10) Form 481, Line 1010

Wilson Telephone Company, Inc. is a rural, rate of return regulated incumbent local exchange carrier operating in the state of Kansas, and is an eligible telecommunications carrier (ETC) designated by the Kansas Corporation Commission (KCC). As such, Wilson Telephone Company, Inc. is subject to the regulatory authority of the KCC and operates under the relevant rules and laws of the state of Kansas.

Wilson Telephone Company, Inc. hereby certifies that the pricing of its voice services is no more than two standard deviations above the national average urban rate for voice service, \$41.07, as specified in the April 5, 2016 Public Notice issued by the Wireline Competition Bureau of the Federal Communications Commission.

Wilson Telephone Company, Inc.'s monthly residential voice service rate for each exchange, including state fees and the federal subscriber line charge (SLC) is \$24.61.

Wilson Telephone Company, Inc. (SAC 411849)
Statement Regarding Broadband Services Rate Comparability
47 C.F.R. § 54.313(a)(12)
Form 481, Line 1030

Wilson Telephone Company, Inc. is a rural, rate of return regulated incumbent local exchange carrier operating in the state of Kansas, and is an eligible telecommunications carrier (ETC) designated by the Kansas Corporation Commission (KCC). As such, Wilson Telephone Company, Inc. is subject to the regulatory authority of the KCC and operates under the relevant rules and laws of the state of Kansas.

Wilson Telephone Company, Inc. hereby certifies that the pricing of at least one of its broadband service offering meets the broadband service rate comparability requirements as set forth in 47 C.F.R. § 54.313(a)(12). The retail price of the broadband portion of a service offering that meets the FCC's broadband public interest obligations is \$53.75.

THE STATE CORPORATION COMMISSION OF KANSAS

GENERAL EXCHNGE TARIFF Section 3 12<sup>th</sup> Revised Sheet 1

#### 3. LOCAL SERVICES

#### 3.1 Local Exchange Telephone Service - Basic Service Rates

These monthly rates apply to all subscribers of the Company. This rate covers the provision of network access to a local customer location, and entitles the customer to local calls (without long distance toll charges) to all local stations connected to a central office of the exchange, or to all local extended local service areas where comprised of more than one exchange.

|     |                       | Monuny Rate |
|-----|-----------------------|-------------|
| (C) | Business Access Line  | \$20.00 (I) |
| (C) | Residence Access Line | \$17.00 (I) |
|     | DID Trunk             | \$25.25     |

#### 3.11 Kansas Universal Service Fund

The Company assesses a fee for funding of the Kansas Universal Service Fund (KUSF), including Kansas Lifeline Service Program (KLSP), and the Kansas Telecommunications Access Program (TAP). These funds were enacted by the Kansas Legislature in 1996, and authorized by the Kansas Corporation Commission on December 27, 1996 in Docket No. 190,492-U. The amount of the fee may vary as determined by the fund administrator.

#### 3.12 <u>Lifeline Service Program</u>

The Lifeline Service (Lifeline) program, sponsored by the Federal Communications Commission, is a program designed to maintain and preserve universal service by providing a reduction in the price of basic residential local exchange service to qualifying low-income customers.

#### A. General

- 1. Lifeline is a federally funded reduction of local service charges. Eligible applicants will receive a reduction of \$9.25 on their local telephone bill.
  - (a) Lifeline customers will also receive additional Lifeline service reductions in intrastate local service of \$7.77.
  - (b) The maximum Lifeline benefit should not exceed mandatory customer charges attributable to the provision of local service.

## THE STATE CORPORATION COMMISSION OF KANSAS

GENERAL EXCHNGE TARIFF Section 3 4th Revised Sheet 2

#### B. Program Eligibility Requirements

(T)

1. Lifeline will be provided for one (1) telephone line per household at the customer's principal place of residence where there is only one active local exchange access line to their residential premises or dwelling place. A room or portion of a residence occupied exclusively by an individual not sharing equally as a member of the domestic establishment may be considered a separate dwelling unit (premises). Verification of this requirement will be through self-certification.

(T)

2. To be eligible for Lifeline assistance, a customer may qualify under either of the following criteria:

(T)

(a) The customer must show they are currently a recipient of benefits from one of the following public assistance programs:

(T)

1. Bureau of Indian Affairs General Assistance

2. Food Distribution Program

- 3. Food Distribution Program on Indian Reservations
- 4. Free School Lunch Program
- 5. General Assistance
- 6. Low Income Energy Assistance Program (LIEAP)

7. Medicaid

- 8. Section 8 Federal Public Housing Program
- 9. Supplemental Nutrition Assistance Program
- 10. Supplemental Security Income (SSI)
- 11. Temporary Assistance for Needy Families
- 12. Tribally Administered Free School Lunch Program
- Tribally Administered Head Start (only those meeting its income qualifying standard)
- 14. Tribally Administered Temporary Assistance for Needy Families

The customer must obtain and provide to the Company a copy of a valid identification card or the appropriate documents that are issued to them by the agency administering the program.

(D)

(D)

(T)

Issued: June 28, 2012

Effective:

A residential premises or dwelling place is that location where a customer resides, even if such residential premises or dwelling place is only a single room. Lifeline will not be provided if the customer has access to other local exchange telephone service within the residential premises or dwelling place, provided/owned by himself/herself or owned/provided by others. If, however, it can be determined by the Company that access to other existing local exchange telephone service owned/provided by others is virtually denied, or is inaccessible to the customer, then Lifeline service will be provided.

### THE STATE CORPORATION COMMISSION OF KANSAS

GENERAL EXCHNGE TARIFF Section 3 4th Revised Sheet 3

(b) A customer shall be eligible for the Lifeline Service program if that customer's household income level is at or below 150% of the federal poverty level. Such customers may obtain a form from the Company suitable for self-certification of income level, and provide the completed form to the Company to begin service under the program. Proof of income is required. Acceptable documentation may include the prior year's federal, state, or tribal tax return, or other forms of income certification. Customers should contact the Company for specific details.

(D)

#### C. Certification

- 1. The customer will certify eligibility for Lifeline service. Re-certification is required annually or at anytime the qualifying criteria for the customer changes.
- 2. Recipients of Lifeline service must notify the Company when they no longer qualify for Lifeline service. Upon receipt of the notification, the Company will discontinue Lifeline service.
- 3. If the Company discovers that conditions exist that disqualify the recipient of Lifeline service, local service will be billed at the full rate. The customer will be billed retroactively either to the date Lifeline service commenced or the date the recipient no longer qualified for the service, not to exceed twelve (12) months.

#### D. Rules and Regulations

- 1. Local service for Lifeline customers may be disconnected for non-payment of toll charges.
- 2. Toll restriction service will be provided to Lifeline customers at no charge.
- 3. Lifeline customers may be required to accept toll restriction service as a condition to avoid disconnection of local service for non-payment of toll.
- 4. Lifeline customers are not required to pay a deposit in order to obtain local service if the customer voluntarily elects installation of toll restriction service.
- 5. Partial payments from Lifeline customers will be applied first to local service charges and then to toll charges.
- 6. Lifeline customers will not be denied re-establishment of service on the basis that the customer was previously disconnected for non-payment of toll charges.
- 7. Lifeline will not be furnished on a foreign exchange service arrangement.

#### E. Credit and Collections

1. If a Lifeline applicant is known to have a poor credit history, a deposit may be required.

Issued: June 28, 2012

(T)

Effective:

### THE STATE CORPORATION COMMISSION OF KANSAS

GENERAL EXCHANGE TARIFF Section 3 3<sup>rd</sup> Revised Sheet 4

Once service has been established for a Lifeline customer, he/she will be subject to bill payment policies contained in this Tariff applicable to all customers.

(D)

#### 3.2 Public Telephone Service

#### 3.21 General

- A. A public telephone is an exchange station installed at the Company's option, equipped with a coin collecting device, at various locations within the exchange chosen or accepted by the Company as suitable and necessary for furnishing service to the general public. Location of all pay phones shall be at the sole discretion of the Company.
- B. Persons with whom arrangements are made by the Company for the installation of public telephones are considered as agents of the Company in serving the public.
- C. Public telephones are installed upon the agent signing established forms of application, without specific term, terminable by either an agent or the Company upon written notice.
- D. No listings in the directory or extension stations are allowed in connection with public telephone service.
- E. The Company may furnish public telephones without coin collecting equipment in selected locations for the purpose of satisfying demand for optional billing services on an originating basis only. In the normal mode, coinless public telephone service affords transients the option of selecting a preferred billing arrangement for outgoing messages: charging to a third number or to a telephone company credit card account, or placing calls collect. In certain locations, however, calls will be billed on a collect basis only.
- F. As in the case of public telephones, the Company is solely responsible for determining locations appropriate for installation of coinless public telephones. The criteria for establishment of Coinless Service are potential usage and revenues, and public need and convenience.

#### 3.22 Rates

A charge of \$0.25 applies for each local call originated through public pay station instruments. Standard long distance toll charges apply to all long distance calls. No charges are applied to connection with the Company's repair clerk, business office or any of its duly authorized officials.

#### 3.3 Semipublic Telephone Service

#### 3.31 General

A. Semipublic telephone service is an arrangement under which a customer station is equipped with a coin collection device designed for a combination of customer and public usage, and will be furnished on individual lines only at locations where, in the opinion of the Company, a public telephone is unwarranted.

Issued: June 28, 2012

Effective:

## THE STATE CORPORATION COMMISSION OF KANSAS

GENERAL EXCHANGE TARIFF
Section 4

1st Revised Sheet 1

#### 4. TOLL, ACCESS, AND VERTICAL SERVICES

#### 4.1 Long Distance Toll Telephone Service

#### 4.11 Message Telecommunications Service

The Company jointly furnishes long distance toll services to its customers in concurrence with the currently approved rates, practices, procedures and tariffs of interexchange toll carriers authorized by the State Corporation Commission. Portions of these tariffs are on file with the Company and the entire tariff is on file with the Commission.

#### 4.12 Rate Applicability

Long distance toll charges apply to all completed calls between the Company's exchange areas and other telephone exchange areas.

#### (C) 4.2 <u>National Directory Assistance Service</u>

#### 4.21 General

- A. National Directory Assistance (NDA) is a service whereby customers may request assistance in determining telephone listing information.
- B. A maximum of two customer listings and/or addresses are available per request. The NDA rate applies per request whether or not a number is provided, including requests for numbers which are non-published or not found. There are no allowances associated with NDA requests.
- C. Charges for NDA are not applicable on calls from customers whose physical or visual handicaps or lack of literacy prevents them from using a telephone directory. Such customers must provide certification from an agency or physician to establish exemption from NDA charges.
- D. Where facilities permit, NDA will be available from hotel/motel and pay telephones.

#### 4.22 NDA Rates

Per NDA request \$0.99

08-WLST-800-TAR (LEC)
Approved
Kansas Corporation Commission
March 17, 2008
/S/ Susan K. Duffy

Issued: February 26, 2008

Effective: April 1, 2008

Wilson Telephone Company, Inc. (SAC 411849)

Statement Regarding Ability to Provide Service Upon Reasonable Request 47 C.F.R. § 54.313(f)(1)(i) Form 481, Line 3010

Wilson Telephone Company, Inc. hereby certifies pursuant to 47 CFR 54.313(f)(1)(i) that it is taking all reasonable steps to provide, upon reasonable request, broadband service that meets the FCC's public interest obligations, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas, and that reasonable requests for such service are met within a reasonable time frame.

Wilson Telephone Company, Inc. (SAC 411849)

Community Anchor Institutions Report 47 C.F.R. § 54.313(f)(1)(ii) Form 481, Line 3012

In 2015, Wilson Telephone Company, Inc. began offering broadband service at actual speeds of at least 10 mbps downstream and 1 mbps upstream to the following community anchor institutions:

| <u>Number</u> | <u>Name</u>                 | <u>Address</u>                            |
|---------------|-----------------------------|---|
| 1             | Sylvan Grove Public Library | 122 S Main St, Sylvan Grove, KS 67481     |
| 2             | Sylvan Medical Clinic       | 219 N Main St, Sylvan Grove, KS 67481     |
| 3             | Sylvan Unified Schools      | 504 W 4th St, Sylvan Grove, KS 67481      |
| 4             | Bethlehem Lutheran Church   | 308 N Indiana Ave, Sylvan Grove, KS 67481 |
| 5             | Presbyterian Church         | 119 E 3rd St, Sylvan Grove, KS 67481      |

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0572-0031. The time required to complete this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

|   | This data will be used by RUS to review your financial situation. Your response is required by 7 U.S.C. 901 et seq               |                      |
|---|--|----------------------|
| I BEDACTED FEOR BURILLINSPECTION  | and, subject to federal laws and regulations regarding confidential information, will be treated as confidential.  BORROWER NAME |                      |
| OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS                                 | Wilson Telephone Company, Inc.  (Prepared with Audited Data)   |                      |
|   | PERIOD ENDING  | BORROWER DESIGNATION |
| For detailed instructions, see RUS Bulletin 1744-2. Report in whole dollars only. | December, 2015   | KS0569               |

# REDACTED - FOR PUBLIC INSPECTION OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

KS0569

PERIOD ENDING

INSTRUCTIONS- See RUS Bulletin 1744-2

December, 2015

## REDACTED - FOR PUBLIC INSPECTION OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

BORROWER DESIGNATION

KS0569

PERIOD ENDED

December, 2015

INSTRUCTIONS - See RUS Bulletin 1744-2

## REDACTED - FOR PUBLIC INSPECTION OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

BORROWER DESIGNATION

KS0569

PERIOD ENDED

December, 2015

INSTRUCTIONS - See RUS Bulletin 1744-2

# USDA-RUS REDACTED - FOR PUBLIC INSPECTION OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

KS0569
PERIOD ENDING
December, 2015

BORROWER DESIGNATION

INSTRUCTIONS- See RUS Bulletin 1744-2

#### OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS REDACTED - FOR PUBLIC INSPECTION

| BORROWER DESIGNATION |      |
|----------------------|------|
| KS0569               |      |
| -                    |      |
| PERIOD ENDING        |      |
| Dogombox             | 2015 |

## USDA-RUS REDACTED - FOR PUBLIC INSPECTION OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

 $\label{eq:instructions} \textbf{INSTRUCTIONS}-\textbf{See} \ \textbf{help} \ \textbf{in} \ \textbf{the} \ \textbf{online} \ \textbf{application}.$ 

BORROWER DESIGNATION KS0569

PERIOD ENDED

December, 2015

| USDA-RUS REDACTED - FOR PUBLIC INSPECTION OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS | BORROWER DESIGNATION KS0569 |
|---|-----------------------------|
| INSTRUCTIONS - See RUS Bulletin 1744-2  | PERIOD ENDED December, 2015 |

| USDA-RUS REDACTED - FOR PUBLIC INSPECTION OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS | BORROWER DESIGNATION  KS0569 |
|---|------------------------------|
| INSTRUCTIONS - See RUS Bulletin 1744-2  | PERIOD ENDED December, 2015  |